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OFFICIAL**IMPORTANT NOTICE****TELECOPY/FACSIMILE COVER LETTER**

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TO: U.S. Patent and Trademark OfficeExaminer: George EngArt Unit: 2643**DATE:** April 22, 2004**FROM:** Lawrence J. McClureVoice: (213) 337-6810, Fax: (213) 337-6701LJMCCLURE@hhlaw.com**TIME:** _____**TOTAL NO. OF PAGES, INCLUDING COVER:** 21

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MESSAGE:**Patent Application No.: 09/743,241; Our Ref. 81922.0004**

I hereby certify that the following documents:

- ☒ Amendment Under 37 C.F.R. § 1.114/1.116/Amendment Transmittal Letter
- ☒ Request for Continued Examination (RCE)
- ☒ Petition for Extension of Time (3 months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

April 22, 2003
Date of Deposit
Diane Zynn**TELECOPY/FAX NUMBER:** 703-872-9306- Art Unit 2643**CLIENT NUMBER:** 81922.0004**ATTORNEY BILLING NUMBER:** 1966**CONFIRMATION NUMBER:** 703-308-9555 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81922.0004
Patent Application No. 09/743,241

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazumi SABURI, et al.

Serial No: 09/743,241

Filed: January 5, 2001

For: VISUAL TELEPHONE SYSTEM USING MOBILE
COMMUNICATION TERMINAL

Art Unit: 2643

Examiner: George Eng

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 on

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Date of Deposit

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Name

Signature

04/22/04
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Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20	0	LG=\$18 SM=\$9	\$0
INDEPENDENT CLAIMS FEE	3	-	3	0	LG=\$86 SM=\$43	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$0
Independent Claims: 13, 17, and 22					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$__ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: Lawrence J. McClure
Registration No: 44,228
Attorney for Applicant(s)

Date: April 22, 2004

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